

FILED DEC 5 - 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 5037 Registrar's No. 282

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Salt River</b>		c. CITY OR TOWN <b>R.F.D.#5</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>R.F.D.# 5</b>		d. STREET ADDRESS <b>R.F.D.#5</b>	
3. NAME OF DECEASED (Type or print) <b>Raymond V. Kilgore</b>		4. DATE OF DEATH <b>Nov. 24, 1957</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 30, 1900</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hatchery</b>		11. BIRTHPLACE (City and state or country) <b>Audrain County Missouri. U.S.A.</b>	
13a. FATHER'S NAME <b>John Kilgore</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Duggan</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>490-49-6335</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic cardiovascular disease</b> DUE TO (c) <b>10 yrs.</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>4201</b>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Mexico, Missouri</b>	
21. I attended the deceased from <b>NEVER</b> to <b>NEVER</b> Death occurred at <b>3 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>William S. Jones, Doctor</b>	
22b. ADDRESS <b>112 N. Clark Street, Mexico, Mo.</b>		22c. DATE SIGNED <b>11/25/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>Nov. 26, 1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>St. Brendans Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>	
24. FUNERAL DIRECTOR <b>Precht-Hueston</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 26, 1957</b>	
26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  
Licensed Embalmer No. 46877  
P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.